



Utah Public Health Update

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much broader and includes tracking infectious diseases and controlling outbreaks. Public health also makes sure there is a certified ambulance service in your area to respond to medical emergencies and provides access to health insurance and health care for qualified individuals. In addition, public health licenses and inspects day care centers and nursing homes, collects and stores birth and death certificates, helps families who have children with disabilities, tracks and analyzes health data, and educates to help us all lead healthier lives.

The focus of public health has changed over the years. Today's health challenges are different than those of the past. They now include making healthy lifestyle choices and avoiding unhealthy actions that increase risks of illness and early death.

According to Dr. Scott D. Williams, executive director of the Utah Department of Health, promoting better health by preventing diseases in the first place is the single best policy choice for our future. The case for prevention is compelling: individual behaviors and environmental factors are responsible for about 70 percent of all premature deaths in the United States.

Reporting on Utah's priority health needs and our progress in addressing them provides a roadmap for individuals, communities, and professionals so they may take specific steps to ensure that health goals are being met. The following provides a picture of Utah's health based on information in the 2003 Utah Public Health Outcome Measures Report, published by the Utah Department of Health. The entire report can be found at: www.health.utah.gov.

Population Demographic Overview

■ The nation has recently experienced an economic recession, and although the recession is over, its effects are still being felt. In 2002, 228,000 Utahns were living in poverty, and 94,000 of them were children age 17 or under. There haven't been as many Utahns in poverty for over 20 years.

UTAH IS WIDELY recognized as a healthy place to live. In fact, Utah ranks as the third healthiest state in the nation according to a December 2003 United Health Foundation report. The study found that Utah leads the nation in low rates of smoking, cancer, and heart disease. Utahns live longer than residents in most other states. In Utah, a baby girl born in 2004 is expected to live at least 80 years—a boy about 76 years. Incredible advances in health care and public health practices have helped Utahns to avoid many diseases and premature death seen so often during much of the past century.

Public health plays a key role in keeping Utahns healthy. Most people know public health best for protecting their food, air, water and providing preventive health services such as immunizations and prenatal care. Yet, the scope of public health is

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■ Members of Utah's ethnic communities bear a disproportionate burden of injury, illness, and death. For example, teen births among Hispanic/Latina girls was 5-1/2 times the rate for non-Hispanic/Latina girls. The infant mortality rate among Black infants was more than double, and the motor vehicle crash death rate among American Indian Utahns was fourfold that found in the general population.

Health Care Services and Systems

■ Access to health care is still a problem for many Utahns. In 2001, almost 200,000 Utahns lacked health insurance coverage, and 240,000 who had coverage were under-insured. Each year in Utah, thousands of persons are hospitalized for conditions that would have been easier, cheaper, and more effectively treated earlier. Providing access to health care, and especially preventive health services, helps Utah's citizens, its economy, and society.

■ Utah's Children's Health Insurance Program (CHIP) was implemented in 1998 and has served nearly 71,000 children. While an additional 27,000 uninsured and income-eligible children could benefit from CHIP coverage, funding for the CHIP program is limited, and enrollment is currently capped.

■ Utah adults age 19 to 64 with incomes under 150 percent of the Federal Poverty Level may now be eligible for coverage under a new "Primary Care Network" (PCN) state insurance plan. In 2001, an estimated 144,000 Utah adults age 19 to 64 were uninsured, 62,000 of whom had incomes under 150 percent of the Federal Poverty Level. Both CHIP and the PCN leverage state dollars with generous federal matching funds. Funding for the PCN is limited, and enrollment has reached capacity.

■ The UDOH licenses 682 health facilities and 2,700 child care facilities to assure that they meet minimum standards for health and safety. Public outreach educates consumers on what qualities to look for, when using these businesses.

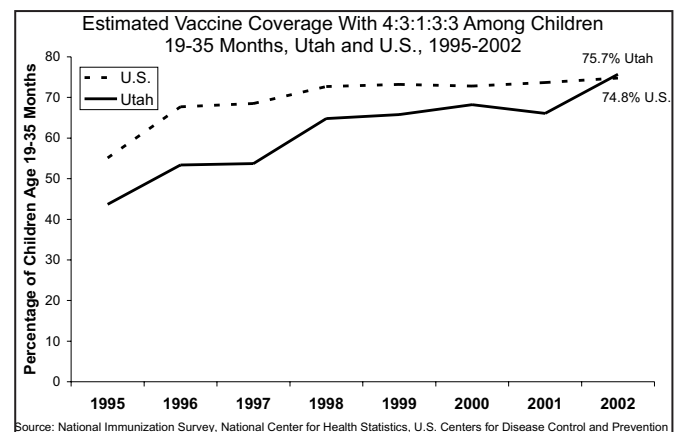
■ Utah is a national leader in developing collaborative and cost-effective methods for tracking patient safety and reducing adverse medical events in hospitals. From October 15, 2001 to October 15, 2003, Utah hospitals reported 68 adverse events to UDOH. Hospitals have improved adverse drug event reporting

since 2001. Approximately 8,557 potential inpatient medication complications (3.5 percent of all discharges) in 2002 were detected through the UDOH hospital discharge data system.

■ The UDOH supports access to emergency medical services throughout the state, including grants to over 150 local emergency medical services agencies to help them provide adequate emergency medical services within their communities.

Health Screening and Preventive Care

■ Immunization for vaccine-preventable diseases is one of the most cost-effective public health interventions. Utah's state and local immunization programs launched tracking systems, reminder cards, and a media campaign that have been successful at improving Utah's childhood immunization rate for five recommended vaccinations to 75.7 percent in 2002. Among Utah's seniors (age 65+), 71 percent received influenza vaccine in the last year (2002).



■ The percentage of pregnant women who seek prenatal care in the first trimester of pregnancy appears to have leveled off at around 78 percent. Barriers to prenatal care include cost, availability of timely appointments, and lack of health insurance coverage for care.

■ Having a routine dental cleaning and check-up is important for overall oral health. Among adults in Utah during 2002, 73 percent had a routine dental cleaning in the past year.

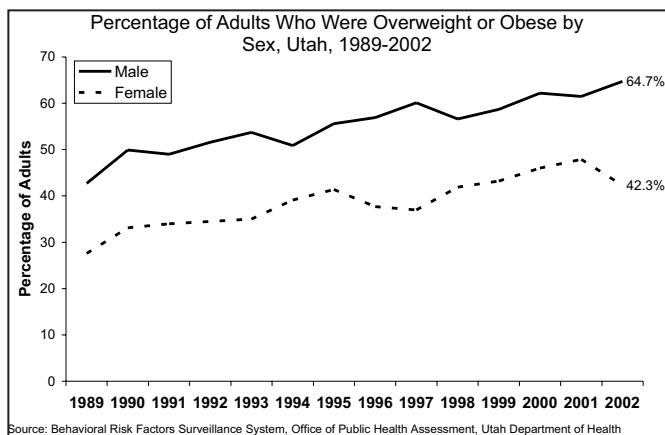
■ In 2002, 66 percent of Utah women age 40 or over had a mammogram in the past two years.

■ Almost all newborns were screened for metabolic (96%) and hearing (98%) disorders as required by law. Early screening allows for early intervention, which can prevent disability and, in some cases, save lives.

Risk Factors for Illness

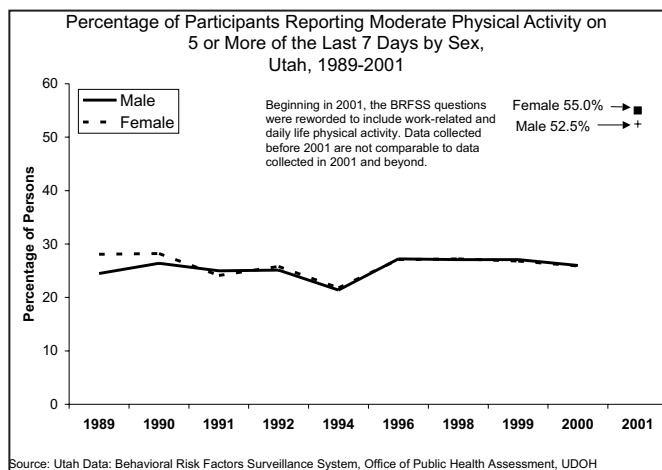
■ Environmental risk factors often have a stronger effect on children than adults. There were estimated to have been over 3,000 Utah children age 0-5 who had elevated blood lead levels in 2002, and more than 43,000 who had been exposed to second-hand tobacco smoke in 2001.

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■ In 2002, over half of all Utah adults (56%) were at increased risk of adverse health effects due to their weight, with 18 percent meeting the definition of obese (compared with 10 percent in 1990). Being overweight increases the risk of many chronic diseases, including heart disease, stroke, high blood pressure, type 2 diabetes, osteoarthritis, and some cancers.

■ In 2000, 30 percent of Utah adults engaged in 30 minutes of regular physical activity on most days of the week. Nationally, the rate was 26 percent.

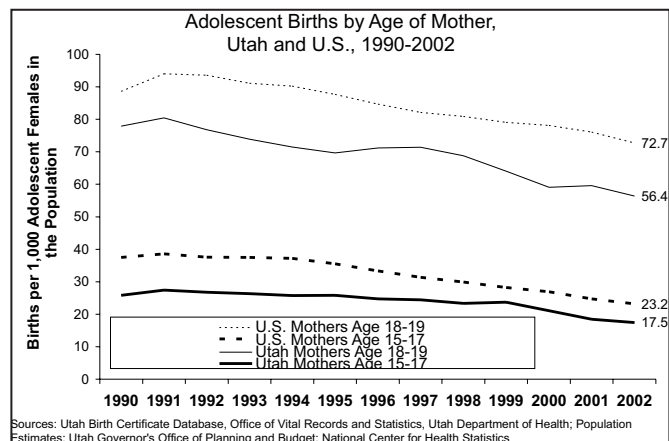


■ In 2002, 12.5 percent of Utah adults smoked cigarettes, the lowest rate in the U.S. In 2003, 7.3 percent of Utah youth in grades 9-12 smoked cigarettes, down from 16 percent in 1997; an estimated 90 percent of adult smokers began as adolescents.

■ Among Utah adults and front seat passengers, 85 percent were observed in 2003 wearing their seat belts, and 89 percent of children age 0-10 were observed to be properly restrained (seat belt or car seat) in a 2001 study by the Utah Department of Public Safety.

■ Utah high school students were less likely to drink alcohol in the last 30 days compared with those in the U.S. (17.9 percent vs. 47.1 percent, 2001). Binge drinking among adults was less common in Utah (Utah 10.1 percent, U.S. 15.7 percent, 2002). However, there were still 50 alcohol and drug-related motor vehicle crash fatalities in Utah in 2002.

■ In 2002, there were over 3,600 Utah teen births (to mothers aged 19 or younger). In a 1999 survey of Utah mothers, over 80 percent of those aged 19 and younger indicated that their pregnancy was unintended. In 2002, 1,031 births, or approximately 3 per day, were to Utah girls age 17 or younger.



Common Preventable Diseases and Conditions

■ Motor vehicle traffic crashes are the leading cause of injury death in Utah, causing approximately 300 deaths each year, 25,000 emergency department visits, and almost \$27 million a year in hospital charges. The most important factors contributing to motor vehicle traffic crash injuries are failure to use seat belts, excessive speed, and driving under the influence of alcohol or drugs. Other injuries, such as suicide, falls, and firearm-related injuries, account for a significant proportion of deaths among Utahns.

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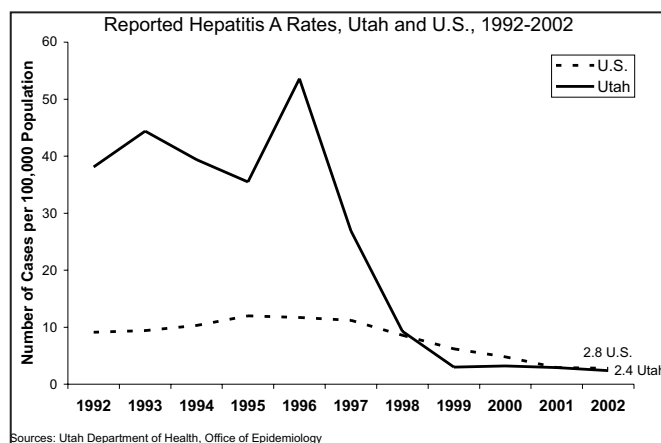


■ Utah's rates of the food-borne infections from Salmonella and E. coli have decreased in the last two or three years. Because of a high number of new restaurants, Utah's local health departments have only half the staff they need to perform restaurant inspections, leaving Utahns at greater risk for serious food-borne illnesses.

■ Other serious infections, such as tuberculosis and HIV/AIDS, continue to infect many Utahns each year. Chlamydia is the most frequently reported sexually transmitted disease in Utah and the U.S. Utah's chlamydia rates are less than half the U.S. rates, but our rates have been on the rise, and in 2002 Utah reported 3,078 cases (up from 2,190 in 2000).

■ Hepatitis A is the most common type of hepatitis reported in the U.S. Utah was identified as one of 11 states with average annual disease rates at least twice the national average during 1987-1997. Since 1997, the incidence of hepatitis A in Utah has decreased, and recent average annual rates have been lower than the national average. The decline is most likely due to better hygiene (especially hand washing and food preparation) and broader use of the hepatitis A vaccine.

■ During 2003 in the U.S., West Nile Virus infected 8,734 humans causing 208 deaths. A disproportionate number of cases (2,477) and deaths (55) were in Colorado. Utah had 1 human case that was acquired in the state, and an additional 6 cases acquired in other states. Many more cases are expected in Utah during the 2004 mosquito season.



■ Working in collaboration with health care providers and Utah's 12 local health departments, the UDOH manages a system to track nearly 70 reportable communicable diseases. Interventions to prevent further cases and to control outbreaks are initiated based on that surveillance system.

■ Utah's infant mortality rate (5.5 per 1,000 live births, 2002) is lower than that of the U.S., and among the lowest of all states. Interventions, such as prenatal care, newborn intensive care, and "backsleeping" to prevent sudden infant death syndrome, have been great successes for medicine and public health.

■ The UDOH works to reduce illness, disability, and death from chronic conditions by promoting healthy lifestyles, screening for diseases such as heart disease and cancer, and by educating consumers, providers, and others about effective treatment and management strategies for chronic diseases such as arthritis, asthma, and diabetes.

Public Health Assessment

■ Local health departments are often the front line for the reporting of communicable diseases and other events, such as signs and symptoms of exposure to biologic agents of terrorism. Utah's Health Alert Network consists of a network of local, state, and private health providers who share information through instantaneous electronic transmission to provide a timely response to disease outbreaks whether natural or the results of terrorism.

■ Using federal funds, the UDOH has substantially improved preparedness for a possible bioterrorist attack, including improving ability to detect an attack and preparedness to respond should such an attack occur.

The Utah Department of Health regularly publishes a variety of reports that provide comprehensive information of Utah's health and health care system. If you would like more information, visit the Department's Indicator-Based Information System for Public Health (IBIS-PH) at <http://health.utah.gov/ibis-ph>. 